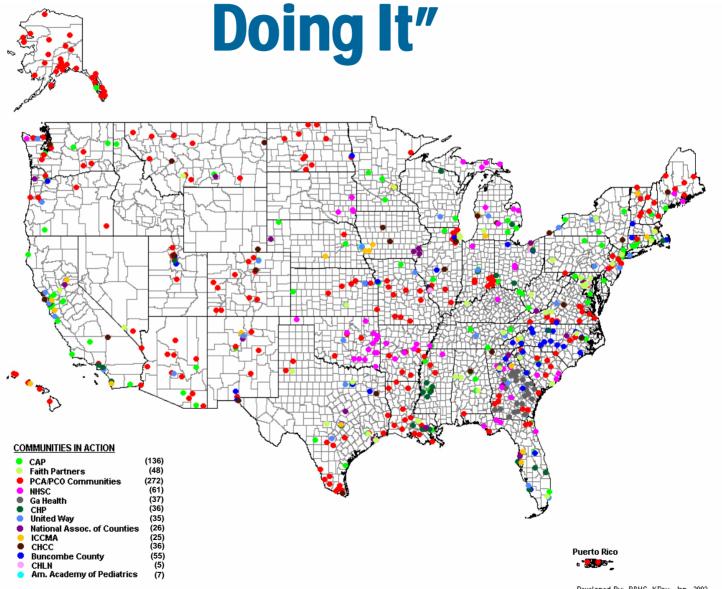
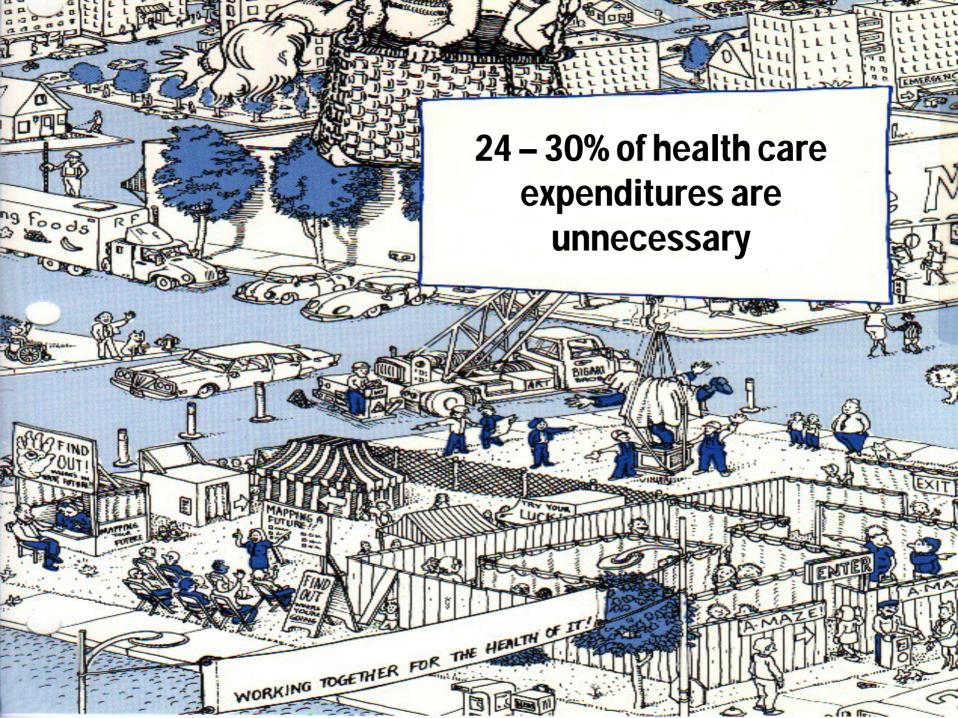


600 Communities are "Just



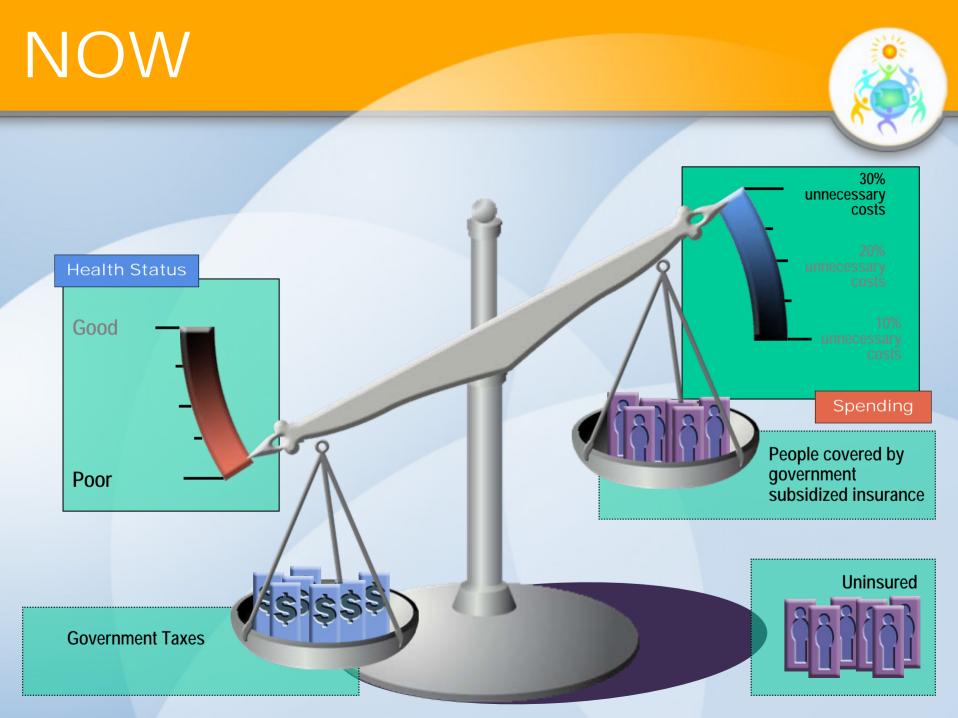
Who We Are...

- Started informally 5 years ago
- Represent 28 out 39 counties
- Two years of successful legislative priorities
 - Establishment of Drug Foundation
 - Promoting Private Practice Involvement
 - Community Health Grant Program

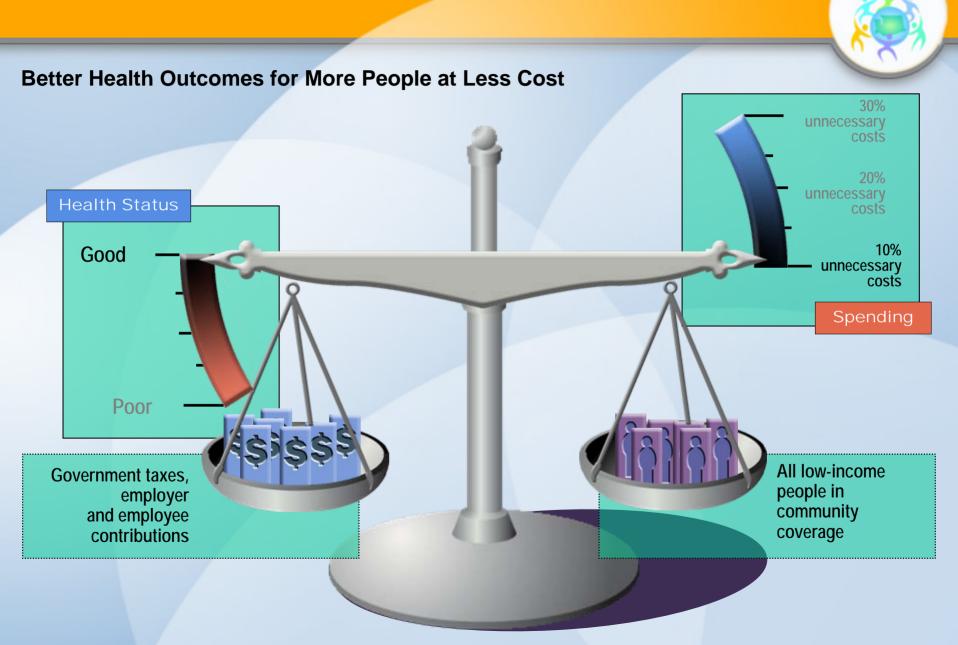


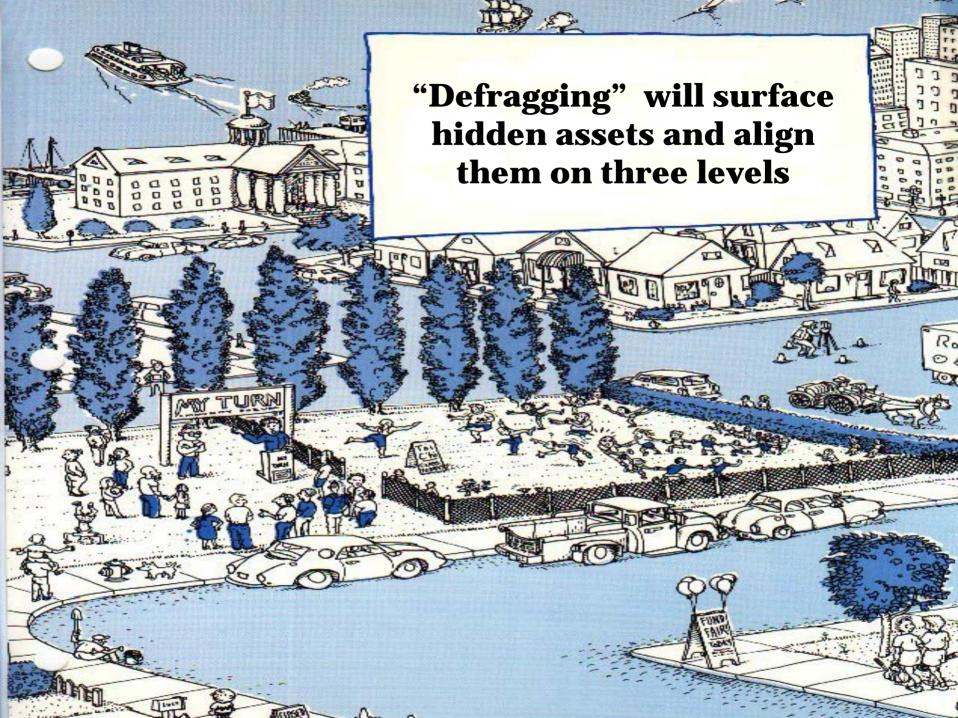
"Give me a lever long enough and a fulcrum on which to place it, and I shall move the world."

Archimedes



The Future We Can Create





Communities Joined in Action

"Access to seed capital and grassroots mobilization for greater flexibility at the community level"

New funding source

Communities Connect

"The clout to leverage legislative changes and operationally link the 8 critical activities with government programs "

Portfolio of 8 critical activities tied to best practices demonstrating outcomes

- Enroll all eligible in what exist 1.
- Connect to health home and coordinate 2. care
- 3. Access to affordable prescription drugs
- 4. Support chronic disease management
- 5. Cover low-wage workers
- Expand primary and specialty care for 6. uninsured
- Provide population based prevention 7. and wellness activities
- 8. Assess health status, disparities, and the effectiveness of services

Restructure the way health care is financed

- •Fully fund expanded primary care, prevention
- •Blend funding
- •Small employer premium subsidies
- •Coverage (vs. insurance)
- Language access
- •Financial incentives for quality improvement

Blue Ribbon Commission



Better health

for everyone

at less cost

Community

Health

Management

Districts

Innovative use of taxing district laws

Organize the delivery system

- •IT/EHR/RHIOs
- Culturally competent evidence-based medicine
- Care coordination/disease management
- Patient care plans
- Set and track health outcomes

Community Health Collaboratives

"The engine to build sustainable local capacity" specialty

Outreach **Programs** 1,2,3

RX Assistance 1.3.5

CHCs/ RHCs/ **Clinics**

1,2,3,7

Small employers

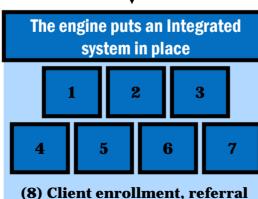
Donated

care

1,2,3,7

ER use

2,4,5



and tracking

The Engine What Healthcare Collaboratives Do

1. Convene 2. Incubate 3. Generate Revenue 4. Demonstrate ROCI 5. Activate community and stakeholders (campaign)

Strategy 1: Convene regional partners to identify problems and explore solutions that align public and private access and quality improvement efforts

Chronic Care Management Outreach and Enrollment Small Employer Coverage

"1-year planning cycle"

"3-month planning cycle"

"2-3 year planning cycle"

Strategies 2 - 3: Support customized development and incubation of efforts to build safety-net capacity

ER Case Management

'Typically, takes six months

"Typically, takes six months to a year of development"

Project Access

Strategy 4:

"Will need a year's worth

of operational data"

Decision

Point

Drop

Spin Off

Spin off with support

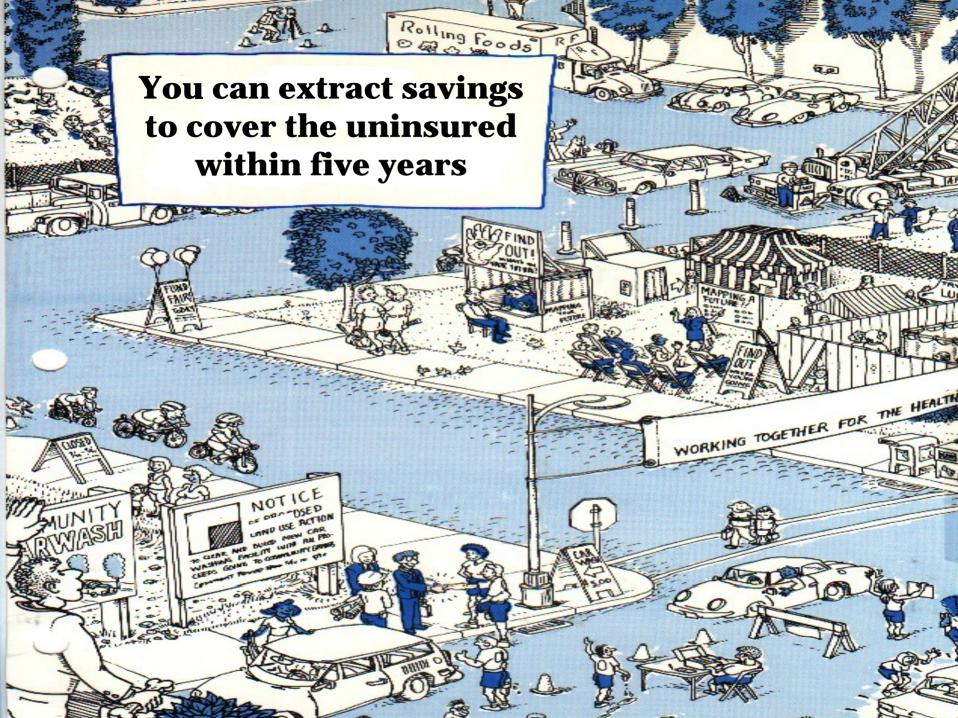
Directly administer

Strategy 5:

Increase access

"3 years before you hit a tipping point of volume"

Better health for everyone at 10% less cost

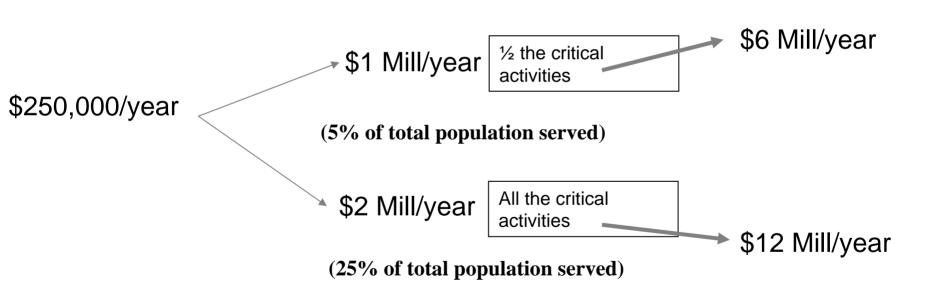


The Leverage Factor

The Engine

Programs

Social Capital



"Wow" Facts

- 1. Reduce the # of uninsured to less than 3% voluntarily
- 2. Reduce the direct cost of care by 10%
- 3. Reduce inappropriate ER use by 33%
- 4. Bring in \$6 million a year in free and reduced price medications for people with chronic conditions
- 5. Increase by 25% small employers covering low wage workers
- 6. Double the # of kids current on immunizations
- 7. Triple the # of African Americans who have received age-appropriate cancer screenings
- 8. Quadruple the # of diabetics in control